

St. Basil the Great Parish School of Religion



8700 Brecksville Road Brecksville, Ohio 44141 440-526-3520

REGISTRATION FOR PSR FAMILIES 2018 – 2019 Register by July 20th to ensure your first choice session.

Dear PSR Families,

This letter contains PSR registration materials for 2018 – 2019. If you are enrolling a child in PSR for the first time, please complete a Permanent Record Card found on the website at basilthegreat.org/psr. Please include tuition with registration. This helps the PSR office order books and supplies.

All families of students in grades one through eight need to complete the registration form to select a day and time to attend class. **Please be sure to mark BOTH a first and second choice.** Selecting one session does not guarantee that session. We are committed to a maximum class size of twenty students in grades 1 – 8, so a prompt response will be the best way to get your first choice session, since the forms are processed on a first-come basis. Choices are limited for grades 4 – 8 because 270 students attended our Summer Program:

- Grades 1-3 will meet Sunday morning 10:30am – 11:40am
- Grades 1-8 will meet Monday night 6:30pm – 7:45pm
- Grades 1-5 will meet Tuesday night 6:30pm – 7:45pm

IMPORTANT DATES:

- Sunday Grades 1 – 3: Sunday, August 26th Meet the Teacher after 10:30am Mass.
- Grades 1 – 8: Monday, August 27th or Tuesday, August 28th:
Opening Mass at 6:30pm followed by Meet the Teacher.
- Room Assignments and Child's Catechist name will be mailed by July 31st.

Home Study Grades 4 – 8: In this PSR option, parents are responsible for covering textbook material and discussing topics with their children as they learn Catholic teachings. Parents participate in SIX meetings throughout the year for training and support as they serve as the child's catechist. Parents will need to come to the Parish Center to meet on a Sunday afternoon **OR** a Tuesday evening for an hour presentation to prepare to teach their child the upcoming unit of study. The meetings will be scheduled every 5/6 weeks beginning with Sunday, August 5th from 1:15pm – 2:15pm **OR** Tuesday, August 21st from 6:45pm – 7:45pm. A schedule of all the meetings throughout the year will be distributed at the first meeting.

If you have any questions, please do not hesitate to call the PSR Office at 440-526-3520 or email Mary Meler, Parish Catechetical Leader, mmeler@basilthegreat.org

SAINT BASIL THE GREAT PSR REGISTRATION 2018 – 2019

Students Grades 1 – 8 and Family Home Study

FAMILY NAME: _____ E-MAIL: _____
Necessary for Notifications

ADDRESS: _____
City State Zip

PRIMARY CONTACT: _____
Mother, Father, Grandparent, Other Home Phone Cell Phone

SECONDARY CONTACT: _____
Mother, Father, Grandparent, Other Home Phone Cell Phone

Registration not complete until EMERGENCY MEDICAL FORM, PHOTO RELEASE, AND TUITION are completed and returned.

Use (1) for First Choice and (2) for Second Choice for grades 1-8.

_____ Gr. 1-3 Sunday: 10:30-11:40am

_____ Gr. 1-8 Monday, 6:30-7:45pm

_____ Gr. 1-5 Tuesday: 6:30-7:45pm

_____ Gr. 4-8 Home Study

Please Print!

Student _____ Grade _____ Student _____ Grade _____

Student _____ Grade _____ Student _____ Grade _____

PSR fees for all programs:

Tuition

1 child \$90 _____

2 children \$145 _____

3+ children \$190 _____

(If you had a child attend 2018 Summer PSR, tuition for a 2nd child is \$55 or 3+ is \$100.)

REGISTRATION FEE ENCLOSED

TOTAL: _____

Please make checks payable to: Saint Basil PSR

Office Use Only: CHECK: _____	CASH: _____	AMOUNT: _____
Received _____ / _____ / _____	Filed in ParishSoft: _____ / _____ / _____	

**Please return to St. Basil PSR Office 8700 Brecksville Road, Brecksville, OH 44141
440-526-3520**

DUE: JULY 20, 2018

Emergency Medical Authorization Form (Office Use)

Saint Basil the Great Parish School of Religion

2018-2019

Child's Name _____ Gender M / F Grade ____ Age ____

Parent/Guardian Names _____

Birth date _____ Home phone _____ Cell _____

Address _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital of Choice _____ Phone _____

Insurance Provider _____ Phone _____

Please list any medical issues/concerns: _____

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class: _____

Does your child have any medical allergies? (If yes, please list) _____

Are there any activities in which your child may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:

Name _____ Relationship to child _____

Phone _____ Cell _____

Name _____ Relationship to child _____

Phone _____ Cell _____

Part 1-Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant my consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or facility is not available, by another licensed medical practitioner; and (2) the transfer of the child to the above named facility or any reasonably accessible hospital. The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

Parent/Guardian Signature: _____ **Date:** _____

Part II-Refusal to Consent

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: _____

Parent/Guardian Signature: _____ **Date:** _____

PHOTO RELEASE AND AUTHORIZATION

I (we) the parent(s) and/or guardian(s) of my minor child _____ age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his participation at St. Basil the Great programs by an employee, agent or representative of St. Basil the Great or independent contractor.

This RELEASE AND AUTHORIZATION acknowledges that all photographic negatives, positives, and prints shall constitute the property of St. Basil the Great and may be used by St. Basil the Great for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

PARENT(S)/GUARDIAN SIGNATURE _____ **DATE** _____

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